APR 1 4 2005

Telephone: (612) 492-7000 Facsimile: (612) 492-7077

Attorney Docket No.: 9896.143.0 RCE of U.S. Application No.: 09/519,246

Filed: March 6, 2000

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1.	Submission required under 37 C.F.R. § 1.114									
	a.	[]	Previously submitted							
			[]	Please enter in the present application the unentered	Amendment under					
				37 C.F.R. § 1.116, with any attachments, filed on _	in said					
				prior application.						
			[]	Consider the arguments in the Appeal Brief or reply	Brief previously					
				filed on	·					
			[]	Other:	·					
	b.	[X]	Enclo	osed						
			[X]	An Amendment is enclosed. Claims added by this a properly numbered consecutively beginning with the following the highest numbered claim in the prior appropriate the prior appr	e number next					
			[]	Affidavit(s)/Declaration(s)						
			[]	Information Disclosure Statement (IDS)						
			[X]	Petition for Extension of Period for Response Under						
			[X]	Check in the amount of \$450.00 to cover the extens	ion fees					
2	[X]	The fi	ling fee	138 09519246						
	(• •)	1110 11	6 100	01 FC:1801	790.00 OP					

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	32	- 32	= 0	x 25	\$		x 50	\$
Indep.	5	-5	= 0	x 100	\$		x 200	\$
RCE fee	-			+395	\$		+ 790	\$790
Mult. Dep.			=	+ 150	\$		+ 300	\$
				TOTAL	\$	OR	TOTAL	\$790

^[] First Presentation of Multiple Dependent Claim [MDC]

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

RCE of U.S. Application No.: 09/519,246

Filed: March 6, 2000

3. [X] A check in the amount of \$790.00 is enclosed (The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 06-1910.

Respectfully submitted,

Frank O. Papulal

Frank P. Piskolich

Registration No. 52,123

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 06-1910.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service as First Class Mail under 37 C.F.R. 1.8 and is addressed to: Mail Stop RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on

April 12, 2005

Date of Deposit

3105522

Melissa L. Dahmet